

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 248

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Mary Ann Ferguson Working Title: Architectural Tech. I

Department: Administrative Services Division/Bureau/Section: Space Mgmt.

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Las Vegas Dates of Travel: 5/7/11 - 5/11/11

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Fees.
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 445.00
91,500.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: 8/23/90

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) E.O. 416 - 2 Gov. Branstad letter dated 8/23/90

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

DOJ - Dept of Justice published revised regulations for Titles II and III of the American w/ Disabilities Act of 1990 in the Federal Register on 9/13/2010. called 2010 ADA Standards for Accessible Design - on 3/15/2012 compliance will be required. Require training and materials to comply

Department Director Signature: [Signature] Date: 09/05/11
4.5.2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional Information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
APR 18 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 249

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Please answer all of the questions listed below.

Number of People on Trip: 1
Name of Person Attending: Barbara J. Bendon Working Title: Property Manager
Department: Administrative Services Division/Bureau/Section: Space Mgmt.
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Las Vegas Dates of Travel: 5/7/11 - 5/11/11
Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Fees
(If the appropriated state funds is 0% - you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,395.00
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:
Reason for Travel Waiver (Select one)

- ☒ Fulfills statutorily required duties (Cite the specific statute) EO 416 & Gov. Branstad's letter dated 8/23/90
☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

DOJ - Dept. of Justice published revised guideline/regulations for Titles II & III of the Americans w/ Disabilities act of 1990 in the Federal Register on 9/15/2010. Called 2010 ADA Standards for Accessible Design. On 3/15/2012 compliance must be required. Require things & materials to
Department Director Signature: [Signature] Date: 04/15/11
4/4/2011 4/6/11

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Additional Information to assist you in completing this form.
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Executive Council Approval

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EXECUTIVE COUNCIL
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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
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Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Michael R. Boussetot

Working Title: Policy Advisor to Governor Branstad

Department: Office of the Governor

Division/Bureau/Section: _____

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Salt Lake City, UT Dates of Travel: 4/6/11-4/8/11

Funding Source: ☐ Appropriated State: ____% ☐ Federal: ____% ☒ Other: 100% If Other, Specify: National Governors' Association
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 1074.79

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one) _____

- ☐ Fulfills statutorily required duties (Cite the specific statute) _____
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Trip will allow Michael Boussetot, healthcare policy advisor to Governor Branstad, to meet with officials from the State of Utah regarding healthcare reform measures Utah has taken. Additionally, Mr. Boussetot will meet with advisors to other Governors on a range of issues including "Governing Healthcare," "Growing Costs of Healthcare," "Medicaid: Current and Future Issues," and "Health Insurance Market Reforms" during NGA workshop.

Department Director Signature Jeffrey R. Boye Date: April 6, 2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Executive Council Approval

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 251

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: sparker2@dhs.state.ia.us

Name of Person Attending: Susan Parker Working Title: Pharmacy Consultant

Department: IME Division/Bureau/Section: Operations

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Portland, Maine Dates of Travel: 6/20/11-6/23/11
(If after June 30, 2011 – you DO NOT need this waiver.)

Funding Source: ☒ Appropriated State: 25% ☒ Federal: 75% ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1076.49 (\$269.12 State)

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties. (Cite the specific statute.) Iowa Code 249A.20A (9)

☒ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) Iowa Medicaid Pharmacy Program- Preferred Drug List (PDL)--See below

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Annual 7 State SSDC (Sovereign States Drug Consortium) meeting to review/discuss annual supplemental rebate (SR) offers, manufacturer negotiation & Consortium business. SRs worth~ \$13M are analyzed & determined, Health Care Reform rebate loss strategies loss strategies involving PDL design are discussed (which can reduce CMS rebate losses by nearly \$1M per year) & generic net costs are examined to guide preferred choices & avoid accepting SRs on higher net cost drugs (worth millions per year in cost avoidance). Through signed MOU, each Member state appoints person for work & meetings of SSDC

Department Director Signature: CM Palmer Date: 4-13-11

Department Director Printed Name: Charles M. Palmer

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

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Executive Council Approval

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APR 18 2011

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Out-Of-State Travel Waiver Justification

000,252

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Dennis J. Alt Working Title: Environmental Program Supervisor

Department: Natural Resources Division/Bureau/Section: Environmental Services

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Arlington, VA Dates of Travel: March 13 to 17, 2011

Funding Source: ☐ Appropriated State: % ☒ Federal: 65% ☒ Other: 35% If Other, Specify: Stipend from ASDWA
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2352

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 2/23/11

Reason for Travel Waiver (Select one) _____

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds Iowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative impact on state local water utility resources. We will learn how other States are optimizing their resources.

Department Director Signature _____

Date: 4-12-11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
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Executive Council Approval

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 233

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
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Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Sharon Dozier Working Title: Professional Licensure Board Executive

Department: IDPH Division/Bureau/Section: APL Bureau of Professional Licensure

Will this trip require an overnight stay outside of Iowa? No: ☒ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Orlando, FL Dates of Travel: April 6-10, 2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☐ Other: 100% If Other, Specify: Retained fees (IA Code 147.82)
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1987.76

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: March 7, 2011

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

At the request of the Board of Psychology, Ms. Dozier will attend on their behalf. It is particularly important at this time, because the board is considering a change in the licensure requirements that would have significant administrative and policy impacts. A nonrefundable ticket has been purchased.

Department Director Signature Sharon Dozier Date: 3/18/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Executive Council Approval

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Executive Council
APR 18 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 254

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If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2 Contact E-mail: rhansen@dps.state.ia.us

Name of Person Attending: Rick Schaaf Working Title: Sergeant

Department: Public Safety Division/Bureau/Section: Iowa State Patrol - MCSAP unit

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Sedalia, MO Dates of Travel: May 9-12, 2011
(If after June 30, 2011 - you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: 20% ☒ Federal: 80% ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,414.00/person

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties. (Cite the specific statute.) 321.449

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Department Director Signature:  Date: 04/12/11

Department Director Printed Name: Gregory L. Noble

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

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APR 18 2011

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 255

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If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2 Contact E-mail: rhansen@dps.state.ia.us

Name of Person Attending: Mike Kober Working Title: Trooper

Department: Public Safety Division/Bureau/Section: Iowa State Patrol – MCSAP unit

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Sedalia, MO Dates of Travel: May 9-12, 2011

(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: 20% ☒ Federal: 80% ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 – you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,414.00/person

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties. (Cite the specific statute.) 321.449

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Department Director Signature:  Date: 04/12/11

Department Director Printed Name:

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.

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Executive Council Approval

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Executive Council
APR 18 2011

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 256

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
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Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Richard L. Crivello Working Title: Criminalist

Department: DPS Division/Bureau/Section: DCI/Crime Laboratory

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Scottsdale, Arizona Dates of Travel: May 19-23 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 1,280.99

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute)
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Attending this meeting will benefit the state and crime lab as the workshops presented will provide valuable training and information in the area of FAX machines and the examination of electronic signatures, two areas of the field of questioned document examination that have seen many advances due to technology changes. Presently the electronic signature cases are not being looked at by the DCI Laboratory. This type of training is not available or offered in Iowa. Workshops for forensic document examiners involve hands-on training with demonstrative material not available to the Iowa DCI Laboratory. It is best to receive training from examiners in other laboratories who have already researched new techniques. The Iowa DCI Crime Laboratory is accredited by the American Society of Crime Laboratory Directors (ASCLD). A portion of the accreditation process looks at continuing education of all examiners in their field of expertise and encourages yearly attendance discipline related training.

Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip.

Department Director Signature  Date: 4/17/11

This form must be signed by a department head or agency director. Email a PDF of the form to executive **APPROVED** Council

APR 18 2011



EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 237

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Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: nancy.morford@ivh.state.ia.us

Name of Person Attending: Kelli Grabau Working Title: Director of Pharmacy

Department: Department of Veterans Affairs Division/Bureau/Section: Iowa Veterans Home

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: Conference by ASCP
(If No - you DO NOT need this waiver.)

City (Cities) Traveling To: Las Vegas, Nevada Dates of Travel: 5/16/11 - 5/19/11
(If after June 30, 2011 - you DO NOT need this waiver.)

Funding Source: ☒ Appropriated State: 12% ☒ Federal: 26% ☒ Other: 62% If Other, Specify: self-generated funds
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,533.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: In process.

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties. (Cite the specific statute.) Affordable Care Act - short cycle dispensing.

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

American Society of Consultant Pharmacists conference topic will be "short-cycle" dispensing. All existing dispensing systems will be displayed by vendors in one place by making contrasts and comparisons easier. This change in dispensing will be mandated by CMS and proposed to take effect January 2012. Vital a new system be chosen to blend into our existing system and be efficient in preventing waste of unused tablets/capsules. Amount of reimbursement from insurance based on amount of waste.

Department Director Signature: [Signature] Date: 4/12/11

Department Director Printed Name: David G. Worley

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Executive Council Approval

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Please answer all of the questions listed below.

Number of People on Trip: 2 from IDALS Contact E-mail: Dustin.VandeHoef@IowaAgriculture.gov
Name of Person Attending: Dustin Vande Hoef Working Title: Communications Director
Department: IDALS Division/Bureau/Section: Communications

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Seoul, South Korea; Shijiazhuang, Beijing, Shenyang and Harbin, China Dates of Travel: June 6-17, 2011
(If after June 30, 2011 - you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$4,960.80

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.)
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Travel will potentially result in job creation in the state of Iowa. I will provide communications support for the trip. The trip is designed to promote Iowa exports internationally through trade show participation, meeting with potential business partners for Iowa businesses, and meeting with key government leaders.

Department Director Signature: Bill Northey Date: 4/12/11

Department Director Printed Name: Bill Northey

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Executive Council

APR 18 2011

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Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

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